

STATE OF ARKANSAS REQUEST FOR EXTENSION OF TIME FOR FILING COMPOSITE TAX RETURNS

						Software ID
Jan. 1 - Dec. 31, 2020 or fiscal year beginning		and en	ding	_20	•	•
Name of entity		Federal emp	Federal employer identification number		Dept. Use Only	
•		•	•		APPROVED	
Mailing address (Number and street, P.O. box or rural route)						
•						Extension request narked by deadline
City	State or province	ZIP	Check if address is o		DENIER	Other
•	•	•	Foreign country name		DENIED	Other

Filing this Arkansas extension form will extend the date to file your return to October 15th for calendar year filers. Fiscal year filers will have an extension of 180 days from their return due date.

File this request on or before the due date of your return. Keep a copy for your records.

NOTE: Income tax returns must be filed and the tax paid on or before the fifteenth (15th) day of the fourth (4th) month following the close of the tax year (April 15th for calendar year filers). This extension is an agreement by the Commissioner of Revenue to waive the statutory penalty for failure to file timely if the return is filed by the extension due date and the tax is paid by the original due date of the return (April 15th for calendar year filers).

Mail to the following address: Individual Income Tax Section P.O. Box 8149
Little Rock, AR 72203-8149

Caution: An extension to file is not an extension to pay. Interest and failure to pay penalty will be assessed if any tax due is not paid by the original due date, April 15th for calendar year filers.

Make check or money order payable in U.S. Dollars to "Dept. of Finance and Administration".

AR1055-CR	STATE of ARKANSAS Composite Extension Payment	2020
Software ID	Calendar Year 2020 or Fiscal Year Ending(MM/DD/YYYY)	Tax Year
Federal Identification Number	Due Date	
Name Address City, State, Zip	Amount of this Payment	\$
Telephone #		Include Cents (ex. 1,234,567.00)